## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

**Application or Docket Number** 

10/521593

| CLAIMS AS FILED - PART I  |   |                                     |                  |            | SMALL ENT           | ITY                    |            | OTHER 1             | THAN                   |
|---|---|-------------------------------------|------------------|------------|---------------------|------------------------|------------|---------------------|------------------------|
| (Column 1) (Column 2)   |   |                                     |                  |            | TYPE                |                        | OR .       | SMALL E             | NTITY                  |
| U.S. NATIONAL STAGE FEES  |   |                                     |                  |            | RATE                | FEE                    |            | RATE                | FEE                    |
| BASIC FEE   | SMALL ENT. = \$ 150 LARGE ENT. = \$ 300                               |                                     | ENT. = \$ 300    |            | BASIC FEE           |                        | OR         | BASIC FEE           | 308                    |
| EXAMINATION FEE   | INATION FEE Satisfies PCT Article 33(1)- (4) = \$50/\$100 \$100/\$200 |                                     |                  |            | EXAM. FEE           |                        |            | EXAM. FEE           | ٥٥٤                    |
| U.S. is ISA = \$ 50 / \$ 100 ALL other countries = \$ 250 / \$ 400  All other situat  |   |                                     | ٠,               | SEARCH FEE |                     |                        | SEARCH FEE | 400                 |                        |
| FEE FOR EXTRA SPEC. PGS.  | OR EXTRA SPEC. PGS. minus 100 = /50 =                                 |                                     | / 50 <b>=</b>    |            | X \$ 125 =          |                        |            | X \$ 250 =          | ,                      |
| OTAL CHARGEABLE CLAIMS 15 minus 20 = .  |   |                                     |                  | X \$ 25 =  |                     | OR                     | X \$ 50 =  | •                   |                        |
| INDEPENDENT CLAIMS 9 minus 3 = 4 6  |   |                                     |                  |            | X \$ 100 =          |                        | OR         | X \$ 200 =          | 1200                   |
| MULTIPLE DEPENDENT CLAIM PRESENT  |   |                                     |                  |            | + \$ 180 =          |                        | OR         | + \$ 360 =          |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |   |                                     |                  |            | TOTAL               |                        | OR         | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)   |   |                                     |                  |            | SMALL E             | NTITY                  | OR         | OTHER SMALL E       |                        |
| CLAIMS REMAINING AFTER AMENDMENT  | NU<br>PREV  | MBER<br>MOUSLY<br>D FOR             | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |
| Total *   | Minus ** O  | 10                                  | " )              |            | X \$ 25 =           |                        | OR         | X \$ 50 =           |                        |
| Total * G   | Minus ***   | 9                                   | = -              |            | X \$ 100 =          |                        | OR         | X \$ 200 =          |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                                     |                  |            | + \$ 180 =          |                        | OR         | + \$ 360 =          |                        |
|   |   |                                     |                  |            | TOTAL ADDIT.<br>FEE |                        | OR         | TOTAL ADDIT.<br>FEE |                        |
| (Column 1) (Column 2) (Column 3)  |   |                                     |                  |            |                     |                        |            |                     |                        |
| (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT   | HIC<br>NU<br>PREV   | SHEST<br>IMBER<br>VIOUSLY<br>ID FOR | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |
| l ii  | Minus **  |                                     | =                | 1          | X \$ 25 =           |                        | OR         | X \$ 50 =           |                        |
| Total *   | Minus ***   |                                     |                  |            | X \$ 100 =          |                        | OR         | X \$ 200 =          |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                                     |                  | + \$ 180 = |                     | OR                     | + \$ 360 = |                     |                        |
|   |   |                                     |                  |            | TOTAL ADDIT.        |                        | OR         | TOTAL ADDIT.<br>FEE |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". |   |                                     |                  |            |                     |                        |            |                     |                        |

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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